

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO

10/536647

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.	
	1					
1	1					
2						
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5						
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11						
12						
13						
14						
15	1					
16	1					
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28						
29	1					
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36						
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39						
40						
41						
42						
43	1					
44	1					
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.	
	51		1			
52			1			
53						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	4		1			
TOTAL CLAIMS	52		56			